

DELAWARE BOARD OF GEOLOGISTS

APPLICATION FOR CONTINUING EDUCATION APPROVAL

**LICENSEE INFORMATION** (Complete this section only if form submitted by licensee)

Name: \_\_\_\_\_ Delaware Registration # \_\_\_\_\_

Address: \_\_\_\_\_  
(Street, P.O. Box, Apt.) City State Zip

Day telephone # (\_\_\_\_) \_\_\_\_\_ E-mail address \_\_\_\_\_

**SPONSOR/PROVIDER INFORMATION (To be completed by provider/licensee)**

Sponsored by: \_\_\_\_\_

Contact person/continuing education coordinator: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street, Suite #, Floor) City State Zip

Business telephone # (\_\_\_\_) \_\_\_\_\_

**PROGRAM INFORMATION (To be completed by sponsor/licensee)**

**\*\*Program Title:** \_\_\_\_\_

**\*\*Program Dates:** \_\_\_\_\_  
Month/Day/Year Month/Day/Year

Is proof of completion provided? (i.e., Certificate) Yes \_\_\_\_\_ No \_\_\_\_\_

Total contact hours requested (excluding breaks) \_\_\_\_\_

**\*\*Home Study?** Yes \_\_\_\_\_ No \_\_\_\_\_ If home study course, does sponsor collect a post-test? Yes \_\_\_\_\_ No \_\_\_\_\_

Is proof of completion for home study provided? Yes \_\_\_\_\_ No \_\_\_\_\_ Total home study hours requested \_\_\_\_\_

**\*\*Attach documentation (copies only) of course objectives, presenter's credentials and a detailed course schedule that indicates breaks and meal periods. No credit will be given for introduction of programs, breaks and meals. If you have any questions, you may reach the Board office by calling 302-744-4507 or e-mail [caitlin.mears@state.de.us](mailto:caitlin.mears@state.de.us). Our web address is <http://www.professionallicensing.state.de.us>**

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DECISION (Board Use Only)

\_\_\_\_\_ Approved Total Contact Hours: \_\_\_\_\_

\_\_\_\_\_ Denied Reason Denied \_\_\_\_\_

Signature: \_\_\_\_\_  
Victoria L. Gingrich, Administrative Assistant Date

